FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

Last Name	First Name	MI	DOB
OSWALD	ELI	M	09/20/2023

Parent or Guardian (Last, First)	Child's SS# (optional)	State Immunization ID#
OSWALD, ALEXANDRA	***-**-9449	9804416893

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	11/15/2023	01/17/2024	03/20/2024		
DT	B					
Tdap	P					
Td	Q					
Polio	D	11/15/2023	01/17/2024	03/20/2024		
HIB	E	11/15/2023	01/17/2024	09/25/2024	Complete	
MMR (Combined)	F					
(Separate)	G,H					
		Measles (dose 1)	*Measles (dose 2)*	*Mumps (dose 1)*	*Mumps (dose 2)*	
	I					
		Rubella (dose 1)	*Rubella (dose 2)*			
Hepatitis B	J	11/15/2023	01/17/2024	03/20/2024		
Varicella	K					
Varicella Disease	L					
		Year				
PneumoConju	N	11/15/2023	01/17/2024	03/20/2024	09/25/2024	

Temporary Medical Exemption Expiration Date: 12/31/2024

PART B DOE Code 2: (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:

PEDS AT MAGNOLIA PRK
4740 NW 39TH PLACE
SUITE B
GAINESVILLE, FL 32606
(352)594-7337

Physician or Authorized Signature: ALYSSA MIDDLETON

Electronic Certification: G3XN43M8N9T

Date: 09/25/2024

Issued By: ANGELEE JOSEPH

FloridaShots

DH 680 7/10